Clear Form Print 7/2015

Name: _____

Individualized Plan for Employment (IPE) - Job Goal

☐ Original ☐ Amended

Job Goal: State the job you want to have at the end of your plan.

_____

Comments/Responsibilities:_____

_____

I expect to be working by: _____

Weekly Work Hours: How many hours do you expect to work each week?

☐ 14 or less ☐ 15 to 19 ☐ 20 to 31 ☐ 32 or more

Supported Employment

☐ Individual Placement ☐ Transitional Placement

Continuing Help: Check each type of continuing help you will need to do well on your job.

Meet with me:

☐ Where I work at least 2 times a month to find out how I am doing on the job and what help I need.

OR

☐ Away from where I work at least 2 times a month to find out how I am doing on the job and what help I need.

☐ Talking to my boss and co-workers where I work about how to help me do well on my job.
☐ Training me where I work in the skills I need to do well on my job.
☐ Training me where I work in getting along with people.
☐ Get continuing help to do well on my job.
☐ Other help I will need to do well on my job (Describe) _____

Provider: Check who will give you or pay for the continuing help you need. (At least one box must be checked.)

☐ DD Service Coordination
☐ Community Mental Health Program
☐ DD Service Provider
☐ Mental Health Clubhouse
☐ Advocacy/Support Group _____
☐ Coworker
☐ Employer
☐ Community Support Worker
☐ Family Member _____
☐ Other _____

Agreement and Approval: My plan will take effect when Nebraska VR approves it. I agree that the job goal is in line with my strengths, priorities, concerns, abilities, capabilities, career interests, resources, and informed choices. I have been given a copy of the IPE Terms (Important Information for You). I agree with them. I agree with the job goal, services, payment sources, and timelines described.

If I receive SSDI or SSI benefits based on my disability, I understand that by signing this Individualized Plan for Employment Job Goal, the Social Security Administration will consider me as "using my Ticket". While my Ticket is considered to be "in use" no continuing disability reviews (CDR) will be initiated as long as I make timely progress toward my goal.

_____ _____

Your Signature Date Nebraska VR Contact

_____ _____

Parent, Guardian, or Representative Date Nebraska VR Approval Date